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UTILITY PATENT APPLICATION **TRANSMITTAL**

Only for new nonprovisional applications under 37C.F.R. §1 53(b))

PC10843AMAG Attorney Docket No. First Named Inventor or Application Identifier Charles Petrie, et al Use of Growth Hormone Secretagogues for Improvement of Funtional Health Status Express Mail Label No. EL911723993US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Box Patent Application Washington, DC 20231								
See IMPEP chapter 600 concenting utility patent application contents:	6. Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (#applicable, aif necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. Assignment Papers (cover sheet & document(s)) 10. English Translation Document (#applicable) 11. Information Disclosure Copies (Copies of IDS Statement (IDS))PTO-1449 12. Preliminary Amendment 13. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. "Small Entity Statements filled in prior application (PTO/SB/09-12) 15. Certified Copy of Priority Document(s) (#f foreign priority is claimed)								
FEES, A SMALL ENTITY STATEMENT IS REQUIRED GT C.F.R. § 1.71, EXCEPT IFONE FILED UN A PRIOR APPLICATION IS RELIED UPON GT C.F.R. § 1.72, EXCEPT IFONE FILED UN A PRIOR APPLICATION IS RELIED UPON GT C.F.R. § 1.72, EXCEPT IFONE FILED UN A PRIOR APPLICATION IS RELIED UPON GT C.F.R. § 1.72, EXCEPT IFONE FILED UN A PRIOR APPLICATION IS RELIED UPON GT C.F.R. § 1.72, EXCEPT IFONE FILED UN APPLICATION IS RELIED UPON GT C.F.R. § 1.72, EXCEPT IFONE GT C.F.R. § 1.72, EXCEPT									

				FEES, A SMALL ENT	TY STATEM	IENT IS REQUIR	ITLED TO PAY SMALL ENTITY ED (37 C.F.R. § 1.27), EXCEPT ED UPON (37 C.F.R. § 1.28).					
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:												
Continuation Divisional Continuation-in-part (CIP) of prior application No:/												
Prior a	pplication inform	ation: Exam	iner	Group/Art Unit:								
18. CORRESPONDENCE ADDRESS												
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below												
Name	Gregg C. Benso	Gregg C. Benson										
Address	Pfizer Inc.											
Address	Patent Department, MS 4159, Eastern Point Road											
City	Groton		State	СТ	CT		06340					
Country	United States C	of America	Telephone	1-(860)-441-49	901	Fax	1-(860)-441-5221					
NAME (Print/type) Martha A. Gammill				Registration No. (Attorney/Agent) 31,820			31,820					
			a. trami	nill	Date		7/25/01					
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LITH ITY TRANSMITTAL PTO SR 05 9/99 (1/0												

PTO/SB/17(2/98 Approved for use through Ossay/2000
OMB 0651-0032 Patent and Trademark Office U.S. DEPARTMENT OF COMMERC. Complete if Known Application Number To be assigned FFF TRANSMITTAL _ Concurrently herewith Filing Date 'n To Patent fees are subject to annual revision on October 1 First Named Invento Charles Petrie, et al These are the fees effective October 1, 2000. Examiner Name To be assigned otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C F R §§ 1 27 and 1 28 Group/Art Unit To be assigned PC10843AMAG (\$)1,034.00 Attorney Docket No **Total Amount of Payment** FEE CALCULATION (continued) METHOD OF PAYMENT (check one) The commissioner is hereby authorized to charge 3. ADDITIONAL FEES 1. Small Entity Large Entity indicated fees and credit any over payments to: Fee Fee Denosi Fee Description Fee Paid 16-1445 Code (\$) Code (\$) Number Denosit 105 130 205 65 Surcharge - late fee or oath ccount Dfizer Inc Name Surcharge-late provisional filing fee or 127 50 227 25 Charge the Issue Fee Set in cover sheet Charge Any Additional 37 Fee Required Under 37 C.F.R § 1 1.8 at the Mailing Non-English specification 139 130 139 130 C.F.R. §§ 1 1 6 and 1 17 of the Notice of Allowance For filing a request for reexamination 2.520 147 2.520 147 920* 112 920* Requesting publication of SIR prior to 112 Payment Enclosed: Examiner action Requesting publication of SIR after 1.840 113 1.840 Other ☐ Check Money Order Examiner action FEE CALCULATION 115 110 215 55 Extension for reply within first month 195 Extension for reply within second 216 1, BASIC FILING FEE 116 390 month 445 Extension for reply within third month 117 890 217 Large Entity Small Entity Extension for reply within fourth month Fee Description Fee Paid 118 1.390 218 695 Code (\$) Code (\$) 228 945 Extension for reply within fifth month 128 1.800 101 710 201 355 Utility filma fee 710 00 155 Notice of Appeal 119 310 219 106 320 206 160 Design filing fee 220 155 Filing a brief in support of an appeal 120 310 107 490 207 245 Plant filing fee Request for oral hearing 121 270 221 135 108 710 2018 355 Reissue filing fee 1 510 Petition to institute a public use 138 1.510 138 114 150 214 75 Provisional filing fee proceeding 710 00 140 110 240 55 Petition to revive - unavoidable SUBTOTAL (1) (\$) 2 EXTRA CLAIM FEES 141 1 240 241 620 Petition to revive - unintentional Extra Fee from 140 1.240 242 620 Utility issue fee (or reissue) Fee Paid Claims Total Claims -20 18 00 324.00 143 440 243 220 Design issue fee 38 Plant issue fee 144 600 244 300 80.00 1 Ω 122 130 122 130 Petitions to the Commissioner 270 00 0 Multiple Dependen or number previously paid, if greater, For Reissues, see below Petitions related to provisional 123 50 123 50 Large Entity Small Entity applications 126 240 Submission of Information Disclosure Fee Fee Fee Description 126 240 (\$) Code (\$) 40 Recording each patent assignment per 40 581 103 18 203 9 Claims in avease of 20 581 property (times number of properties) 246 355 ng a submission after final rejection 102 80 202 40 Independent claims in excess of 3 710 (37 CFR 1.129(a)) 270 204 135 Multiple dependent claim, if not paid 140 710 249 355 For each additional invention to be 104 examined (37 CFR 1.129(b)) Other Fee (specify) 109 RΩ 200 40 **Reissue independent claims over onginal patent Reissue claims in excess of 20 and Other Fee (specify) 110 18 210 9 over onginal natent SUBTOTAL (2) (\$) SUBTOTAL (3) (\$) *Reduced by Basic Filing Fee Paid 324.00

Cammill

Complete (if Applicable)
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